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Protection Brief The situation of older persons in Gaza June 2025





We have lived through humiliation in all its forms...

a displaced elderly man in Deir Al-Balah

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Introduction

This protection brief focuses on the heightened risks older persons face as a result of ongoing hostilities in Gaza. Older people have had essential roles in Gaza—leading communities, caring for relatives, and helping sustain collective memory. Limited mobility, chronic health conditions, and the collapse of health and support systems on which they previously depended all contribute to their vulnerability during the conflict,

while frequent forced displacement, chronic shortages of food and clean water, and overcrowded and unhygienic living conditions further exacerbate the risks they face. The sheer scale of the crisis in Gaza has often masked their specific vulnerabilities and needs. Only a permanent ceasefire and unhindered humanitarian access can improve protection for civilians in Gaza, including older persons.

Methodology

This brief is based on the findings of 113 semi-structured interviews conducted by UNRWA protection monitors in Gaza with older persons aged 65 years and above in late April 2025. It is supplemented by additional

research as well as lessons learned from UNRWA's humanitarian operations in Gaza. In total, 53 women and 60 men were interviewed across eight locations in Gaza City, Deir Balah, Khan Younis and Rafah.

Heightened vulnerability of older persons in Gaza prior to the current hostilities

Prior to the current conflict, older persons already faced significant hardship in Gaza. In the absence of formal welfare systems, many relied on family networks as their main source of support whose capacity to support older relatives had been severely eroded as a result of Israel's 18-year blockade of Gaza and its crippling effect on Gaza's economy. On the eve of the conflict, 1.6 million Gazans were estimated to be food insecure while 1.14 million Gazan's were receiving food assistance from

UNRWA.¹ A needs assessment conducted in 2021 found that 45 per cent of older persons reported going to bed hungry at least one night per week, while 39 per cent faced difficulties accessing potable water for drinking, handwashing, or bathing.²

Treating chronic health conditions associated with old age was also challenging. The same needs assessment found that 80 per cent of older persons required medicines or medical supplies to manage their health,³ with common conditions including high blood pressure/hypertension, diabetes, respiratory problems and heart disease.⁴ Restrictions on the import of some medicines and medical equipment, as well as frequent damage to health infrastructure during previous escalations, meant that Gaza's health sector was already under-resourced and medicines and specialist services in short supply prior to the current conflict. The availability of geriatric medicine was especially limited. Older persons with a disability faced additional hardship.⁵ For advanced treatments, older patients

depended on referrals outside of Gaza, with medical exit permits to travel sometimes denied by Israel.

The impact of recurrent conflict and decades of economic hardship due to the blockade, including frequent exposure to violence, the loss of loved ones, the loss of property, and chronic stress, have had a severe and detrimental impact on the mental health and wellbeing of Gaza's civilian population, including older persons. In 2021, 78 per cent of older persons in Gaza reported feeling anxious all or most the time and 52 per cent felt depressed all or most of the time.⁶

The impact of current hostilities in Gaza on older persons

Despite enjoying special protections under International Humanitarian Law, older persons have been disproportionately impacted by the conduct of hostilities in Gaza and in many cases, left without any form of protection, support, or even access to the basic necessities needed for survival.⁷

Loss of Caregivers and Heightened Risk of Death

As of 4 June 2025, the Palestinian Ministry of Health reported that 3,839 older persons (defined as men and women 60 years or older) had been killed in Gaza since 7 October 2023.8 Whereas older persons comprise five per cent of the total population in Gaza,9 they account for approximately seven per cent of all recorded fatalities, which numbered 54,607 individuals as of 4 June 2025.10

Importantly, fatality figures reported by the Palestinian Ministry of Health only include persons killed in conflict-related violence, such as airstrikes or by live fire. The number of older persons who have died of preventable deaths due to a lack of access to medical care, food and water is unknown, although studies predict that for every direct killing in Gaza there could be up to fifteen indirect deaths.¹¹ The use of a triage system to maximize survival rates in situations of conflict and during mass casualty events also means that older persons who have been injured are less likely to be prioritised by overwhelmed medical teams.

Older persons who lack support networks or the physical or financial means to look after themselves are also at risk of becoming isolated and dying from neglect, starvation or untreated medical conditions.



I can no longer find food. Every night I sleep waiting for death.

A 78-year-old man from Rafah explained after his three sons who he relied on had been killed

Whether due to illness, disability or lack of support, they are also more likely to remain behind in areas where residents have been forcibly displaced and where active hostilities are taking place, exposing them to heightened danger.

With hostilities ongoing, and restrictions on the entry and distribution of aid remaining in place, preventable fatalities will continue to rise, including for older persons.¹²

Forced displacement without support or adequate accommodation

The widespread destruction of homes and civilian infrastructure and repeated forced displacement of at least 90 per cent of Gaza's population has been a defining feature of the current conflict.¹³ Displacement orders issued by the Israel Defense Forces (IDF) have not been matched by assistance or the provision of basic necessities needed to sustain life, and have confined the civilian population into densely crowded areas that often lack the essentials for survival, including food, water, shelter, and infrastructure. Israel is obligated under international law to take all possible measures to ensure that civilians have access to satisfactory conditions of shelter, hygiene, health, safety and nutrition, and that members of the same family are not separated.14 In addition, civilians must be allowed to return to their homes once it is safe to do so, even if their homes have been destroyed.

Displacement orders also often do not provide sufficient time for older persons and persons with mobility issues to leave an area. The use of text messages or leaflets dropped from the air means that those with hearing, visual, and/or cognitive difficulties may not even be aware that a displacement order has been issued. The long distances sometimes involved in reaching designated areas identified in IDF displacement orders as well as frequent need to navigate difficult terrain due to the destruction of basic infrastructure including roads, creates additional challenges. These risks are exacerbated by longstanding restrictions on the entry of assistive devices such as including wheelchairs, materials for prosthetic, orthotic and hearing devices (including spare parts and batteries) into Gaza, deemed "dual-use" items by Israel. Since October 2023, UNRWA has provided assistive devices in coordination with Handicap International to over 1,200 older persons.

UNRWA has received reports of families being forced to leave elderly relatives behind for many of the reasons mentioned. Those who do travel with older persons face their own challenges. One family recounted how they were forced to walk slowly for hours due to the limited mobility of their elderly father and how they had to frequently stop. This made them lose contact with the group they had been traveling with, leaving them isolated and feeling even more vulnerable. By the time they reached shelter, all available space had been taken.



An elderly woman explained to UNRWA that she refused to evacuate due to mobility issues and the prohibitively high costs of transportation: "I do not have a thousand dollars, and I have nowhere to go. I will stay here until God takes me."

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An elderly man displaced from Gaza City

I walked, dragging my legs behind me... I couldn't take anything from my house. Even my cane was lost during the displacement.

Another elderly man recounted how an older relative with mobility issues was unable to leave his home after a displacement order was issued and was subsequently killed when his home was bombed. Yet another reported:

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Our elderly neighbor couldn't leave... he has two disabled sons and no money to rent a vehicle. He remained under the fire with them.

The man was unsure whether the family had survived

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UNRWA has converted hundreds of schools across Gaza into emergency shelters housing hundreds of thousands of displaced individuals at any one time. Intended to provide safe shelter under the UN flag, these facilities have been repeatedly impacted by armed conflict-related incidents during the hostilities, resulting in their damage and destruction as well as persons sheltering in UNRWA installations being killed.¹⁵

For those who do reach shelters, severe overcrowding and inadequate facilities present particular challenges for older persons. Many lack ramps or accessible facilities to accommodate the needs of persons with mobility issues. In the absence of accessible toilets, older persons must rely on adult diapers which are scarce. Tents, bedding and mattresses are also scarce. There have been instances of older persons left on the unprotected ground for extended periods of time, causing sores and extreme pain for people with joint and osteopathic issues.



We slept an entire night out in the open—no tent, no mattress. The next day, we searched just for two meters of ground to lie on (in the shelter).

Older woman displaced from Khan Younis



Barriers to accessing healthcare

As of 11 June 2025, only 17 of the 36 existing hospitals in Gaza remained partially functioning.¹⁷ This number has varied at different points in time during the conflict, with, for instance, only 13 out of Gaza's 36 hospitals partially functional in December 2023.¹⁸ According to the World Health Organization, at least 94 per cent of all hospitals in Gaza have been damaged or destroyed, and only 2000 hospital beds remain available for a population of over 2 million people.¹⁹ As of April 2025, the Health Cluster in Gaza estimated that between 10,500 and 12,500 patients were in need of medical evacuation abroad.²⁰ Under international law, parties to a conflict have an obligation to protect and respect medical personnel and facilities and to ensure that the wounded and sick have access to effective medical care without undue delays.21

Older persons with chronic illnesses have become especially vulnerable given a lack of medicines or access to specialist treatment on which they rely. The health risks they face are compounded by malnutrition, dehydration and the threat of disease. Environmental consequences attributable to the blockade have also aggravated the chronic health conditions of older persons. For example, due to a lack of fuel or cooking gas, many people have resorted to burning plastic which has resulted in cases of acute respiratory distress, particularly among older individuals with pre-existing pulmonary conditions. The destruction of Gaza's infrastructure has also created a sanitation crisis in which human waste cannot be disposed of and instead courses through the streets in open drains, creating a health emergency for immuno-compromised persons. WHO has long warned that infectious diseases could be deadlier than airstrikes.22

As one of the largest health actors in Gaza, UNRWA accounts for over half of all healthcare consultations provided in Gaza since 7 October 2023.²³ Currently, around 1,162 UNRWA staff provide an average of 14,600 medical consultations per day, including 114 UNRWA mobile medical teams work across 30 medical points inside and outside shelters in the middle area, Khan Younis, Al Mawasi, Gaza City and north Gaza,

enabling UNRWA to reach some older persons in their homes or shelters.²⁴ However, only five out of 22 UNRWA health centres and two additional UNRWA-rented facilities used as temporary health centres remain operational as of 13 June 2025.

In some cases, older persons have resorted to using alternative medicine or self-medicating. In Rafah, an elderly woman displaced from Deir Balah recounted, "I boil thyme and sage for my diabetes... there are no medicines, no doctor".

Another elderly women interviewed in Rafah complained: "I haven't taken my blood pressure medication in three weeks... Every night I tell myself I will die before morning."

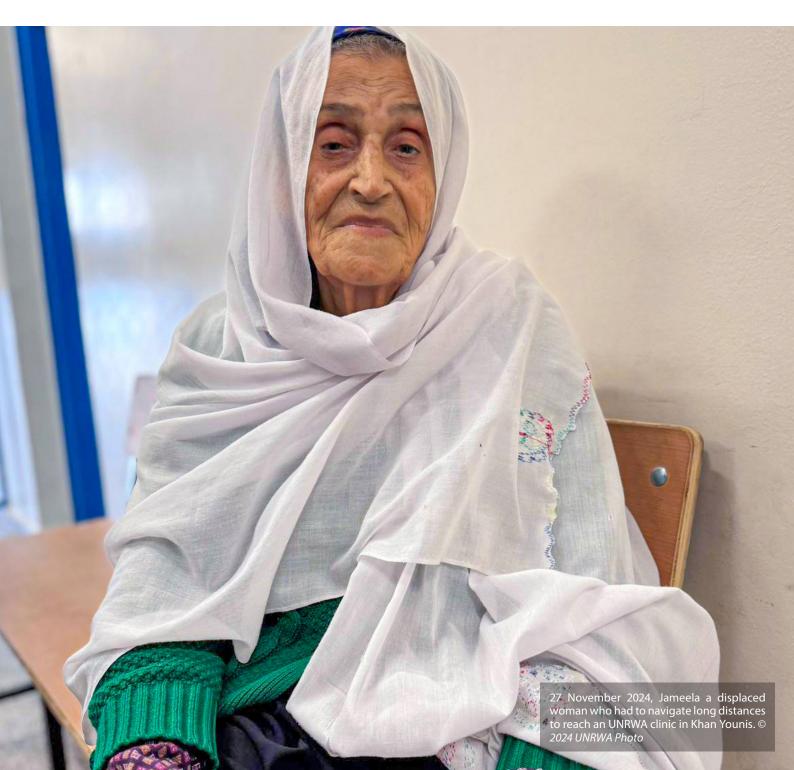
Access to ambulance services is also severely limited, while the high cost of alternative means of transportation was cited by many older persons as a barrier in accessing healthcare.



An elderly woman in Rafah described the isolation and desperation she and her husband felt when he fell ill:

My husband fell ill at night. We just sat and cried... there was no ambulance, no one could hear us.





Limited access to humanitarian assistance

Prolonged conflict and siege have made civilians in Gaza entirely dependent on aid. Since the start of the conflict, the inability to bring aid in at scale or distribute it freely throughout Gaza to those in need has created dire humanitarian conditions and led to acute shortages in critical supplies indispensable to survival. This situation was further exacerbated by the complete blockade Israel imposed on all humanitarian assistance entering Gaza between 2 March and 18 May 2025. As humanitarian conditions deteriorate, older persons, as well as young children, pregnant and nursing mothers, the sick, and persons with disabilities, are especially vulnerable.

According to the Integrated Food Security Phase Classification (IPC), Gaza's entire population of approximately 2.1 million people faces acute food insecurity at Crisis level (IPC Phase 3) or worse.²⁵ This includes about 470,000 individuals or 22 per cent of the population experiencing Catastrophic conditions (IPC Phase 5), characterized by extreme food shortages and starvation.²⁶ Fatalities due to starvation have been reported by the Palestinian Ministry of Health, though the real number could be much higher.²⁷ Starvation as a method of warfare is explicitly prohibited by international law.²⁸

Until mid-April, UNRWA was the largest distributor of food aid inside Gaza. During the two-month ceasefire in Gaza lasting from mid-January to mid-March 2025, the Agency reached over 2 million people with critical food assistance and had reached at least 1.7 million people prior to the ceasefire.²⁹ During the first month of Israel's 11-week blockade of Gaza starting 2 March 2025, UNRWA distributed flour and food parcels to nearly 800,000 people. Currently blocked by Israel from bringing new consignments of aid into Gaza to replenish stocks, all UNRWA remaining flour and food parcels in Gaza are now depleted. At the time of writing this brief, over 5,500 UNRWA trucks remained stuck outside of Gaza carrying enough food to feed Gaza's entire population for at least one cycle; enough medical supplies to restock health centers for 7 months; and urgently needed non-food items such as hygiene kits, dignity kits and tents.³⁰

Adding to the challenges facing Gaza, domestic food production has all but stopped due to the destruction of infrastructure and agricultural lands, while food prices have soared up to 4,900 per cent above their pre-October 2023 levels.³¹ Access to cash is limited, and the vast majority of Gazans, including most older persons, are unable to afford even basic necessities.

For older people, accessing aid from distribution points has been a constant challenge. Aid-seekers

sometimes have to walk long distances to reach distribution points and often have to physically "compete" with thousands of others to access aid, making it generally inaccessible for women, children, the elderly and persons with disability. This situation has been compounded by the limited capacity of humanitarian actors to tailor aid distribution to those facing mobility challenges.



One elderly woman tearfully reported to UNRWA:

I fell in the queue [for aid], and no one helped me... I returned without flour or rice.



Physical barriers such as rubble, destroyed infrastructure, and electricity shortages that render assistive devices inoperative frequently prevent older persons from accessing humanitarian aid.



A 76-year-old man from Deir Balah told UNRWA:

I can't walk much anymore, so I stopped trying to go to collect aid. If I had a crutch or a wheelchair, I could go.



Challenges with registration have also caused barriers to accessing aid. This includes lack of access to and/ or unfamiliarity with technology devices or lack of internet services preventing elderly persons from registering their names on eligibility lists, as well as SMS errors regarding aid deliveries.



An older man in Rafah explained:

I walked for two hours to get assistance... they told me my name wasn't on the list and sent me to another distant location. I couldn't continue.



New aid distribution arrangements managed by the Gaza Humanitarian Foundation have significantly increased barriers to accessing aid. According to the Humanitarian Country Team (HCT) of the Occupied Palestinian Territory, these new arrangements constitute a "militarized distribution system...[that] does not align with humanitarian principles, it puts people at risk, and it will not meet people's needs, or dignity, across Gaza."³² Since its introduction, aid seekers have been killed on multiple occasions.³³

Psychological Trauma

In Gaza, the cumulative mental health impacts of recurrent conflict, prolonged blockade and a resultant chronic and protracted humanitarian and human development crisis, have been widespread and profound. Older persons spoke to UNRWA about the strong feelings of loss felt by older generations who have watched the destruction of everything they had built and have known, from the loss of family members to the destruction of homes and neighbourhoods. Since October 2023, UNRWA has provided psychological first aid to over 9,000 individuals aged 65 and above.

Repeated forced displacement and the challenges of survival have placed family units under immense pressure, leading to increased tensions and disputes. As the challenge of supporting family members mount, the needs of older relatives are often deprioritized, leading to neglect. Some older persons reported enduring verbal and psychological abuse, reinforcing their sense of being a burden. In displacement, such neglect leaves older persons dangerously vulnerable, intensifying their loneliness and exposing them to serious health and safety risks.

In several cases documented by UNRWA, elderly people reported being abandoned by family members who felt compelled to prioritize the needs of their children and spouses when seeking shelter or aid.

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As one elderly man from Khan Younis shared:

My son put me in a tent alone... He says he needs rest; he has children and a wife and doesn't have time to see me every day. At night, I'm scared, I stay alone.

Another recounted: "My son shouted at me when I asked for heart medicine. He said: "I'm not here for you all the time, figure it out yourself, I don't have money."



Recommended Actions

The ongoing conflict in Gaza has had a disproportionate impact on older persons who face acute and often overlooked protection risks. The rights of older persons to dignity and adequate care must be recognized and upheld³⁴. This includes prioritizing the dignity, safety, and well-being of older people as part of any emergency response. Meaningful inclusion of older people is not optional—it is an imperative grounded in the international community's obligations to protect, promote and respect human rights. Neglecting their needs and ignoring their voices not only intensifies their suffering but constitutes a broader failure to uphold the rights and dignity of all individuals affected by conflict.

All parties to the conflict in Gaza must uphold their obligations under International Humanitarian Law and International Human Rights Law to protect older

persons. Only a permanent ceasefire and unhindered humanitarian access throughout Gaza can guarantee sustainable protection for older persons. As a priority, Israel must allow UNRWA and other agencies, to resume and/or significantly scale up humanitarian operations in Gaza, and ensure displaced populations, including older persons, have access to the basic means for human survival. Civilian objects must be protected at all times, including UN facilities where displaced populations, among them older people, have sought shelter, and basic services must be restored to save lives, including water and electricity distribution. Border crossings must be opened to allow for humanitarian and commercial goods to enter Gaza in sufficient quantity, and humanitarian agencies must be able to reach older persons in a safe, unimpeded and sustainable manner no matter where they are located in Gaza. Access to medicines and assistive devices on which older persons rely must be among the items prioritized.



Endnotes

- 1 UNGA Open-Ended Working Group on Ageing, 13th Session Right to Health and Access to Health Services, available here.
- 2 HelpAge International, Needs assessment of older people: Gaza October 2021, available here.
- 3 Ibid.
- 4 UNGA Open-Ended Working Group on Ageing, 13th Session Right to Health and Access to Health Services, available here.
- 5 Ihid
- 6 HelpAge International, Needs assessment of older people: Gaza October 2021.
- 7 Customary IHL Rule 138 The Elderly, Disabled and Infirm: "The elderly, disabled and infirm affected by armed conflict are entitled to special respect and protection." These protections are enshrined in the Third Geneva Convention, Articles 16, 44–45 and 49 and Fourth Geneva Conventions Articles 17, 27, 85 and 119.
- 8 See OCHA, Reported impact snapshot | Gaza Strip, (22 April 2025) available here; and Health Cluster's Unified Dashboard here.
- 9 ACAPS, Thematic Report, Palestine: Impact of the conflict on mental health and psychosocial support needs in Gaza, (03 September 2024) available here.
- 10 See OCHA, Reported impact snapshot | Gaza Strip, (4 June 2025) available here; and Health Cluster's Unified Dashboard here.
- 11 The Lancet, Traumatic injury mortality in the Gaza Strip from Oct 7, 2023, to June 30, 2024: a capture–recapture analysis, (8 February 2025) available here; The Lancet, Counting the dead in Gaza: difficult but essential, (20 July 2024) available here.
- 12 UNRWA, Gaza: a return to the ceasefire is a must, (18 March 2025) available here.
- 13 As of May 2025, at least 92 per cent of housing units in Gaza had been damaged or destroyed. See OCHA, Reported impact snapshot | Gaza Strip, (28 May 2025) available here.
- 14 Customary IHL Rule 131; Fourth Geneva Conventions Article 49(3).
- 15 As of 7 June 2025, 311 UNRWA installations had been impacted by armed conflict related incidents, with at least 767 persons sheltering in UNRWA installations killed and 2,419 persons injured. See UNRWA Situation Report #174 on the Humanitarian Crisis in the Gaza Strip and the West Bank, including East Jerusalem, available here.
- 16 In shelters housing displaced persons in Gaza in 2024, there was an average of 1.5 square meters per person, well below the OCHA minimum emergency indicator of 3.5 square meters per displaced person. This situation is believed to have worsened in 2025.
- 17 OCHA, Reported impact snapshot | Gaza Strip, (11 June 2025) available here.
- 18 OCHA, Hostilities in the Gaza Strip and Israel | Flash Update #78, (December 2023) available here.
- 19 WHO, Health system at breaking point as hostilities further intensify in Gaza, (22 May 2025) available here.
- 20 OCHA, Reported impact snapshot | Gaza Strip, (18 March 2025) available here.
- 21 Customary IHL Study, Rules 25–30. These protections are enshrined in First Geneva Convention, Articles 19, 24–25, and 28 and Fourth Geneva Conventions Articles 16 and 18.
- 22 Reuters, Disease could be bigger killer than bombs in Gaza WHO, (29 November 2023) available here
- 23 UNRWA, Situation report #175 on the humanitarian crisis in the Gaza Strip and the West Bank, including East Jerusalem, (11 June 2025) available here.
- 24 In the first three quarters of 2023, a total of 48,954 individuals aged 65 and above utilized UNRWA health services. Disaggregated data on access to health services has not been possible since the outbreak of the conflict.
- 25 IPC Global Initiative, GAZA STRIP: IPC Acute Food Insecurity and Acute Malnutrition Special Snapshot | April September 2025, available here.
- 26 Ibid.
- 27 WHO, People in Gaza starving, sick and dying as aid blockade continues, (12 May 2025) available here.
- 28 Customary IHL Rule 53 Starvation as a Method of Warfare.
- 29 UNRWA, Situation report #173 on the humanitarian crisis in the Gaza Strip and the West Bank, including East Jerusalem, 30 May 2025. Food parcels include rice, lentils, beans, oil, salt, sugar, milk powder, hummus, halawa, yeast, and canned fish.
- 30 Since October 2023, UNRWA has provided non-food humanitarian supplies to 5,500 older persons.
- 31 WFP Palestine Food Security Analysis, Market Monitor- Gaza, May 2025 available <u>here;</u> UN News, Gaza: Aid ban pushes civilians to the brink, (24 April 2025) available <u>here.</u>
- 32 OCHA, Statement by the Humanitarian Country Team of the Occupied Palestinian Territory on Gaza, (28 May 2025) available here. This position has been echoed by the UN Secretary-General's office. See for example here.
- 33 OHCHR, OPT: Attacks around aid distribution site in Gaza, (03 June 2025), available here; UNRWA Commissioner-General on Gaza: another day of aid distribution another day of death traps, (10 June 2025), available here.
- 34 United Nations Principles for Older Persons adopted on 16 December 1991 by General Assembly resolution 46/91.